

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597668

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
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18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	/					
30	/					
31	2					
32	1					
33	1					
34	2					
35	2					
36	2					
37	2					
38	1					
39	1					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████	██████	██████	██████	██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60	/					
61		/				
62		/				
63	≠	/				
64		/				
65		/				
66		/				
67		/				
68		/				
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81		/				
82		/				
83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		5	↓		↓	↓
TOTAL DEP.		72	←	←	←	←
TOTAL CLAIMS		77	██████	██████	██████	██████